

SIPOC+CM TITLE V MH

CONSTRAINTS

Limited funding, Staff turnover, Difficulty identifying MH population, Difficult to access first trimester OB care, Politics, Diverse population, Funding

ENDS WITH

Improved childbirth outcomes

BEGINS WITH

Local implementation of Iowa's Title V Maternal Health Program.

PROCESS/ACTIVITIES

- Social work staff will promote access and early entry into prenatal care by assisting clients with presumptive Medicaid eligibility determination through a regional maternal health service delivery system .
- Maternal health staff will provide education on maternal health services and develop an effective referral process with community partners and private practitioners in all proposed counties who provide pregnancy testing to encourage entry into prenatal care during the first trimester.
- Nurse educator will provide health promotion and education on the importance of early prenatal care on an African American radio station to increase the awareness of the importance of early prenatal care.
- Nurse educator will present information on preconception care at Stork's Nest to increase the awareness of the importance of early prenatal care.
- Maternal health staff will promote the importance of early prenatal care on agency website.
- Maternal health staff will work with area crisis pregnancy centers to provide education on maternal health services to assure pregnant women receive enhanced services and consistent prenatal care through a medical home.
- Maternal health staff will work with OB/GYN providers to strengthen maternal health care coordination activities between locations to strengthen the referral process and to increase the number of women who receive enhanced services and consistent prenatal care through a medical home.

MEASURES

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Percent of women served who report a medical home

Other: Rate of birth to 15-17 year olds; Percent of mothers who breast feed infants at 6 mo.; Percent of women who smoke in last 3 mo of pregnancy; Percent of women counseled about reproductive life plan; Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy

INPUTS

Staff, Facility, Supplies, Community Partners
Funding: Title V MH funds, IDPH fee-for-service reimbursements, Medicaid fee-for-service reimbursements; in-kind, other grants, donations, Program guidelines/federal guidelines/Iowa Code/MCH Administrative Manual

SUPPLIERS

Staff: MCH Project Director, Project coordinator, physician, nurse, social worker, dietician, office staff, data entry staff
Community Partners: Local Board of Health, WIC, local public health, Empowerment (ECI), medical and dental providers, family planning providers, local birthing hospitals, local maternal health professionals

OUTPUTS

Infrastructure building services: Protocol development, developing community linkages, outreach, marketing, linkage with medical/dental providers, linkage with local boards of health, quality assurance initiatives,

Population-based services: Public education, health promotion, mass screenings
Enabling services: Presumptive eligibility, care coordination

Direct care services: Pregnancy testing, antepartum prenatal care, immunizations, nutrition counselling, nursing assessment, home visit for nursing, social work home visit, evaluation and management, local transportation to medical/dental care, interpretation

CUSTOMERS

Pregnant women - typically low income (Medicaid enrolled or uninsured/under-insured)